

GRIEVANCE

INMATE NUMBER QL1703	NAME Roy Moses	FACILITY Phoenix	DATE 7-6-22	GRIEVANCE# 978589
I received my appeal from the Superintendent on <u>7/6/22</u> dated <u>6/30</u> and have the following appeal issues.				
Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions. Appeals must relate to the issue presented in the initial grievance and 1 st level appeal.				
Please provide a BRIEF (no longer than two pages) appeal statement.				

I appeal the Facility Manager's Appeal Response to #978589 because the Grievance Coordinator and Facility Manager failed to document my appeal response to #962828. This outrageous conduct amounts to fraud, retaliation, and deliberate indifference to my serious medical condition and needs. #962828 details that I was sent to an E.R. offsite, diagnosed by E.R. doctors with a serious medical condition on 1-5-22. On 1-6-22 I was Ordered released from the E.R. back to this institution and placed back into my cell without regard to the E.R. release instructions, follow-up care, or any other medical intervention. Then on 1-31-22 I was rushed to the E.R. again with a Bowel Obstruction and admitted until 2-6-22. Someone dropped the ball here and subjected me to irreparable harm and deliberate indifference (Medical Staff). Dr. Robinson was my provider and responsible. On 2-8-22 I filed a response to #962828 that was never documented by the Facility Manager or Grievance Coordinator who claimed in a request to staff response dated 4-19-22, that no Appeal was received in her office. Cameras show me submitting this appeal in the mail-box. This is fraud and a First Amendment violation infringes upon my appeal rights and 8th Amendment violation to be free from cruel and unusual punishment. I request damages in excess of \$75,000 and that my approved follow-up with Temple Hospital dated 2-24-22 be scheduled immediately. I've successfully completed several grievances, why was #962828 not documented?

INMATE SIGNATURE: Roy Moses

DC-804

Part 1

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

(paragraph #158 of Complaint)

FOR OFFICIAL USE

984428

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms. Orlando (East)	FACILITY: Phoenix	DATE: 6-10-22
FROM: (INMATE NAME & NUMBER) Roy Moses # QL1703	SIGNATURE OF INMATE: Roy Moses	
WORK ASSIGNMENT: GLP	HOUSING ASSIGNMENT: QB-1030-01	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

On 6-8-22, I reported to Health Services concerning a sick-call requesting that I receive a "Bathroom Pass". I was informed by a Provider, Amash Oti-Akenten, V, that this practice has been discontinued, which leaves special needs inmates like myself at the mercy of individual block officers to open my cell. This is the reason I've requested a Bathroom Pass from medical staff, to avoid further irreparable harm and being tortured by non-medical personnel who may not understand or care about my serious condition & issues. I have Short Bowel Syndrome & uncontrollable diarrhea. I don't have time to keep explaining my condition & issues to folks that could care less. I request that an exception be made for me to receive a Restroom Pass from Medical Services, that I be transferred to a medical facility as soon as possible and damages in excess of \$75,000

B. List actions taken and staff you have contacted, before submitting this grievance.

I reported to sick call on 6-8-22 requesting a Restroom Pass. I've submitted a request to Dr. Letizio & CHCA Huner concerning same. I've also spoken to Unit Manager J. Wright to no avail.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 – Grievances & Initial Review

Issued: 1/26/2016

Effective: 2/16/2016

Attachment 1-A

Exhibit #24-A (paragraph 159 of Complaint)

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) ms. Huner - CHCA		2. Date: 6-10-22	
3. By: (Print Inmate Name and Number) Roy Moses #QL1703 Roy Moses Inmate Signature		4. Counselor's Name: Prasch 5. Unit Manager's Name: Wright	
6. Work Assignment: GLP		7. Housing Assignment: QB-1030-01	
8. Subject: State your request completely but briefly. Give details. On 6-8-22 I reported to Health Services concerning a sick call I've submitted requesting a bathroom pass. I was informed that this practice was discontinued which leaves special needs inmates like myself at the mercy of the block officer to get my cell door open. This is the reason I've requested a bathroom pass from Medical staff to avoid further irreparable harm & being tortured by the individual officers who are non-medical personnel, and do not understand or particularly care about my serious medical condition. I have Short Bowel Syndrome & major diarrhea, I don't have time to keep explaining my condition & issues to folks that do not care. I request that an exception be made for me to receive a Restroom Pass from Medical Staff or that I be transferred to a medical facility as soon as possible.			
9. Response: (This Section for Staff Response Only)			
Brought to the CHCA attention who advise you to go to Sick Call.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

STAFF MEMBER NAME M. Savage, ARNS DAUNE 23 2022
 Print Signature

Exhibit # 24-B (Paragraph 167 of Complaint)



Initial Review Response

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

07/06/2022 03:33

Inmate Name:	MOSES, ROY R	DOC #:	QL1703
Facility:	Phoenix	Unit Location:	Q / B 1030
Grievance #:	984428		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision: Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

Response:

Mr. Moses you stated, "Grieves denied bathroom pass on 6/8/22".

06/08/2022 - Seen by medical provider Amoah Oti- Akenten during sick call; Sick call: Pt requesting bathroom pass because of his short bowel syndrome and difficulty getting into cell to use the bathroom. Pt informed that medical no longer gives out bathroom passes and he would need to communicate his concerns with his unit manager. Pt verbalized full understanding and offers no further concerns.

SCI PHX Site Medical Director Dr. Letizio concurs with PA Amoah Oti- Akenten decision on the matter.

Grievance and all requested relief denied.

Signature:	
Name:	M. Savage
Title:	
Approver:	K. Owens <i>ko</i>
Date:	July 6, 2022

CC: Facility Grievance Coordinator
DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

Issued: 1/26/2016 Effective: 2/16/2016

QL1703 Grievance #: 984428

MOSES, ROY R

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Exhibit # 24-C (Paragraph # 169 of Complaint)

Form DC-135A

Commonwealth of Pennsylvania
Department of Corrections

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Deputy Sipple

2. Date:

7-11-22

3. By: (Print Inmate Name and Number)

Roy Moses QL1703

4. Counselor's Name:

Prasch

5. Unit Manager's Name:

Wright

6. Work Assignment:

GLP

7. Housing Assignment:

QB-1030

8. Subject: State your request completely but briefly. Give details.

I've requested a Bathroom Pass from medical staff & was denied and told to speak with my Unit Manager regarding my medical issues.

The U/M is non-medical personnel, and I am subjected to the officers discretion in using the restroom.

I am not the run-of-the-mill inmate with the usual complaints. I have Short Bowel Syndrome, 105 cm of small bowel remaining.

I request that an exception be made for me to receive a Bathroom Pass to avoid further irreparable harm.

9. Response: (This Section for Staff Response Only)

The officer should be letting you into

your cell at your request. Once in, you

may wait until a movement to correct

To DC-14 ☐ R only ☐To DC-14 CAR and DC-15 IRS ☐

STAFF MEMBER NAME

Print

Signature

DATE

in for bathroom use.

Exhibit 21-D (Paragraph 110 of Complaint)

SCI

INMATE APPEAL TO FACILITY MANAGER
GRIEVANCE

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
QL1703	Roy Moses	QB 1030	7-11-22	984428

I received my initial response from the Grievance Office/Coordinator on 7/6/22 and have the following appeal issues:

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

I appeal the denial of Grievance #984428 because I am an inmate with specialized medical needs that includes Short Bowel Syndrome and uncontrollable diarrhea. And because I have communicated this serious issue to my Unit Manager who is non-medical personnel, and he is not present when I need to get in my cell. This should've served as official notice of unconstitutional conditions that exist as a result of the implementation of block policy on when officers are to open the cells. Therefore, I am forced to use the bathroom at the discretion of individual officers. I'm forced to go on myself. This facility, Dr. Letizio, Unit Manager J. Wright, and CHCA B. Huer, has now been made officially aware of unconstitutional conditions of confinement. If these conditions continue as a result of this policy, further action will be taken against the facility, and individuals for infringing upon my Eighth Amendment rights to be free from their sadistic behaviors, and by failing to provide me a medical Pass to use the Restroom as needed. I'm not the run of the mill inmate with the usual complaints. I have 105cm of small bowel remaining. I request a "Medical Bathroom Pass," damages in excess of \$75,000, or to be transferred to a medical facility immediately.

INMATE SIGNATURE:

Roy Moses

Exhibit # 24-E (Paragraph 171 of Complaint)



Facility Manager's Appeal Response

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

07/22/2022 02:41

Inmate Name:	MOSES, ROY R	DOC #:	QL1703
Facility:	Phoenix	Unit Location:	Q / B 1030
Grievance #:	984428		

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

Decision: Uphold Response

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

Response:

I am in receipt of your grievance appeal in which you state you are an inmate with specialized medical needs that includes short bowel syndrome and uncontrollable diarrhea. You state you have communicated this serious issue to your Unit Manager who is non-medical personnel and not present when you need to get in your cell. You state you are forced to use the bathroom at the discretion of individual officers and are forced to go on yourself. You state staff have not been made aware of the unconstitutional conditions of confinement. You state the facility continues to fail to provide you a medical pass to use the restroom as needed. You request a medical bathroom pass, monetary compensation or be transferred to a medical facility immediately.

Upon review of available information, I find the grievance officer's response appropriate. As indicated in the initial review response, bathroom passes are not provided to inmates. Staff are aware that you are permitted into your cell to use the restroom. You provided no evidence of unconstitutional conditions of confinement. There is nothing further to add.

Based on this information, I am upholding the decision of the grievance officer. Requested relief is denied.

Signature:
Name

K. Sorber

Title:

Facility Manager

Date:

CC: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

Issued: 1/26/2016 Effective: 2/16/2016

QL1703 Grievance #: 984428

MOSES, ROY R

Page 1 of 1

(Paragraph 172 of Complaint)

INMATE NUMBER	NAME	FACILITY	DATE	GRIEVANCE#
QL1703	Roy Moses	Phoenix	7-27-22	984428

I received my appeal from the Superintendent on 7-22-22 and have the following appeal issues.

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions. Appeals must relate to the issue presented in the initial grievance and 1st level appeal.

Please provide a BRIEF (no longer than two pages) appeal statement.

I appeal the denial of #984428 because again I am not the run-of-the-mill inmate with the usual complaints. I have specialized medical needs that includes Short Bowel Syndrome & uncontrollable diarrhea. I've communicated this serious issue to Deputy Sipple & Unit Manager J. Wright. Each request & grievance concerning these issues served as official notice of unconstitutional conditions that exist as a result of the implementation of unit policy on when officers are to open the cell doors. I am forced to use the bathroom at the discretion of individual officers & am forced to go on myself. Dr. Letizio, B. Huner, CHCA, Deputy Sipple & Unit Manager J. Wright have been officially made aware of these unconstitutional conditions of confinement, and have taken no action to change or correct the individual officers for infringing upon my 8th Amendment Rights to be free from their sadistic behaviors & for failing to provide me with a Medical Bathroom Pass to use as needed in this prison. I have 105cm of the normal 300-500cm of small bowel remaining after multiple bowel resections and abdominal reconstruction. I can't be forced to wait to use the bathroom. I request damages in excess of \$75,000, a Medical Bathroom Pass or to be transferred to a medical facility immediately.

INMATE SIGNATURE: Roy Moses



Roy Moses
I.D. No. Q1703
SCI-Phoenix
1200 Makychic Drive
Collegeville, PA 19426

U.S.M.S.
X-RAY

Clerk of Court
United States Courthouse
Room 2609
601 Market Street
Philadelphia, PA 19106

